

PERSONNEL ACTION

For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 5, Section 3012; Title 10, USC, E.O. 9397.
PRINCIPAL PURPOSE: Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section III).
ROUTINE USES: To initiate the processing of a personnel action being requested by the soldier.
DISCLOSURE: Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.

1. THRU (Include ZIP Code)

2. TO (Include ZIP Code)

Office of the Adjutant General
ATTN: CAJS-HR-AGR
9800 Goethe Road - PO Box 269101
Sacramento CA 95826

3. FROM (Include ZIP Code)

SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI)

5. GRADE OR RANK/PMOS/AOC

6. SOCIAL SECURITY NUMBER

SECTION II - DUTY STATUS CHANGE (AR 600-8-6)

7. The above soldier's duty status is changed from _____ to _____

_____ effective _____ hours, _____

SECTION III - REQUEST FOR PERSONNEL ACTION

8. I request the following action: (Check as appropriate)

<input type="radio"/> Service School (Enl only)	<input type="radio"/> Special Forces Training/Assignment	<input type="radio"/> Identification Card
<input type="radio"/> ROTC or Reserve Component Duty	<input type="radio"/> On-the-Job Training (Enl only)	<input type="radio"/> Identification Tags
<input type="radio"/> Volunteering For Oversea Service	<input type="radio"/> Retesting in Army Personnel Tests	<input type="radio"/> Separate Rations
<input type="radio"/> Ranger Training	<input type="radio"/> Reassignment Married Army Couples	<input type="radio"/> Leave - Excess/Advance/Outside CONUS
<input type="radio"/> Reassignment Extreme Family Problems	<input type="radio"/> Reclassification	<input type="radio"/> Change of Name/SSN/DOB
<input type="radio"/> Exchange Reassignment (Enl only)	<input type="radio"/> Officer Candidate School	<input checked="" type="radio"/> Other (Specify) Request for Orders:
<input type="radio"/> Airborne Training	<input type="radio"/> Asgmt of Pers with Exceptional Family Members	AGR Reduction

9. SIGNATURE OF SOLDIER (When required)

10. DATE

SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)

Request for Administrative Reduction to enter the AGR Program:

Current Grade and Rank:

Reduction to (Grade and Rank):

Current PMOS:

Current DMOS:

Duty Position Paragraph and Line:

Effective Date:

SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL

11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -

☐ HAS BEEN VERIFIED ☐ RECOMMEND APPROVAL ☐ RECOMMEND DISAPPROVAL ☐ APPROVED ☐ IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE

13. SIGNATURE

14. DATE